

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024692

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED JUL 2 1962

Primary Registration District No.

1003

Registrar's No.

5975

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 25 Yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firman Deslodge		d. STREET ADDRESS 737 "A" Aubert	
3. NAME OF DECEASED (Type or print) First Middle Last IRVING HADLEY		4. DATE OF DEATH Month Day Year June 13 1962	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/28/05
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock handler		10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric	
11a. FATHER'S NAME HENRY HADLEY		11b. MOTHER'S MAIDEN NAME ELLA ARNOLD	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. [REDACTED]	
13a. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchogenic Carcinoma</i>		13b. INTERVAL BETWEEN ONSET AND DEATH 162.1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT, SUICIDE, HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-9-61 to 6-13-62 and last saw him alive on 6-13-62 Death occurred at 1:32 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James H. Utley M.D.		22b. ADDRESS 4503 Page Blvd. St. Louis, Mo.	
22c. DATE SIGNED 6/14/62		22d. LOCATION (City, town, or county) Tupelo, Mississippi	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/17/62	23c. NAME OF CEMETERY OR CREMATORY Local Cemetery	
23d. FUNERAL DIRECTOR Maurice [illegible]		23e. ADDRESS 2114 Missouri Avenue East St. Louis, Ill.	
23f. DATE RECD. BY LOCAL REG. JUN 15 1962		23g. REGISTRAR'S SIGNATURE [illegible]	

USE BLACK INK
OR
TYPEWRITER RIBBON

FEB 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____; Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marionette Offner

Licensed Embalmer No. 5147

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.